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| PLACE OF BIRTH Lila ARI | IZONA STATE BOARD OF HEALTH |
| 1. County Vicinianianianianianianianianianianianiania | TAL STATISTICS State Index No. 174 |
| na: | FICATE OF BIRTH County Registrar No. |
| | $I \rightarrow I$ $I \rightarrow I$ $I \rightarrow I$ |
| City of No. 70 9 (If birth occ | Mexican Canyon St. Ward curred in a hospital or institution, give its NAME instead of street and number) |
| 2. Full name of child Manuela martin | If child is not yet named, make supplemental report, as directed. |
| | er 6. Legitimate? 7. Date 22.5 1911 |
| 8. FATHER | MOTHER S |
| Full name Jones marlinez | Full maiden name Maria Mena |
| 9. Residence (Usual place of abode) Mani, and | Full malden name Maria Mrena 15 Residence (Usual place of abode) If non-resident, give place and state. |
| 10. Color or race | 16 Color or race |
| mexican 11. Age at last birthday 37 (Years) | mux : can 17. Age at last birthday 2 4 (Years) |
| 12. Birthplace (city or place) | 10 Pieth-lone (city or sleed) |
| (State or country) Mexico | (Siáte or country) Mesicia |
| 13. Occupation Nature of industry Capper | (Sixte or country) 'Mex' (Sixte or country) 'M |
| 20. Number of children of this mother \ (a) Born alive and now live | ring / 21. Were precautions taken against oph- |
| (Taken as of time of birth of child herein (b) Born alive but now decertified and including this child.) (c) Stillborn | thalmia neonatorum? |
| CERTIFICATE OF ATTENDIN I hereby certify that I attended the birth of this child, who was | OG PHYSICIAN OR MIDWIFE* |
| I hereby certify that I attended the birth of this child, who was | (Born alive or stillborn.) H. H. willer |
| eic. should make this return. A stillborn | (Physician or midwife). |
| child is one that neither breathes nor sliows other evidence of life after birth. | mani lazz |
| Given name added from a supplemental report. Month, day, year | ay 78, 10 10. (Ce E Done |
| Month, day, year Filed | Local Registrar. |
| Registrar | County Registrar. |